

Quantity Purchase Agreement With The State Of Indiana

State Form 9955(R/9/8-02)-Electronic Version-Approved by State Board Of Accounts, 2002

Pricing for All Districts

Position	1 st Shift rate per hour	2 nd Shift rate per hour	3 rd Shift rate per hour	Overtime rate per hour	Holiday rate per hour
LPN	\$40.95	\$42.95	\$44.95	X1.4	X1.5
RN	\$50.95	\$53.95	\$55.95	X1.4	X1.5
Charge Nurse	\$55.95	\$58.95	\$60.95	X1.4	X1.5
Certified Nurse Aide	\$22.00	\$24.00	\$26.00	X1.4	X1.5
Qualified Medication Aide	\$24.00	\$26.00	\$28.00	X1.4	X1.5

All Inclusive Pricing – All Districts

Staff	Rate Per Hour
LPN	\$44.95
RN	\$55.95
Charge Nurse	\$60.95
Certified Nurse Aide	\$26.00
Qualified Medication Aide	\$28.00

3. Term

This Contract shall be effective for a period of 24 months. It shall commence on August 15, 2004, or date of final State approval, whichever is later, and shall terminate on August 14, 2006 or 24 months after date of final approval, whichever is later.

Please be advised that the following paragraphs 4 through 49 are defined by IDOA as State Boilerplate clauses. State Boilerplate clauses shall remain unaltered and in their standard form, unless any changes or alterations are documented as required under Paragraph 50, "Boilerplate Affirmation Clause".